

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

59850016

FILING DATE

03-05-01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5	/		/				55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10				/			60						
11				/			61						
12				/			62						
13				/			63						
14				/			64						
15				/			65						
16			/				66						
17				/			67						
18				/			68						
19				/			69						
20			/				70						
21				/			71						
22				/			72						
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27							77						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	7	↓	15	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	9		18				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS